



Montana Department of Public Health & Human Services  
Food & Consumer Safety Section (406) 444-2408



## Plan Review Application for Tattooing or Piercing Establishment

Please mail application with additional necessary documents to: DPHHS/FCSS, Attn: Ruth Piccone,  
PO Box 202951, Helena, MT 59620-2951. Please **do not** send a check for the license fee at this time.

Establishment description: ☐ Tattooing ☐ Cosmetic Tattooing ☐ Body Piercing ☐ Ear Lobe Piercing Only

☐ New construction ☐ Remodel ☐ Existing facility

☐ Fixed location ☐ Mobile ☐ Temporary (Not more than 14 days at one location)

Temporary event date \_\_\_\_\_ to \_\_\_\_\_

Event name \_\_\_\_\_

*Please Print*

Licensee (Operator) Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer

Tax ID or Social Security # \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-mail \_\_\_\_\_

Establishment Name \_\_\_\_\_

Establishment Location Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone (landline) \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address (if different from establishment) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previously licensed?: ☐ No ☐ Yes, Former name \_\_\_\_\_

License # \_\_\_\_\_ Last calendar year licensed \_\_\_\_\_

Water supply: ☐ Public, PWSID # \_\_\_\_\_ ☐ Private (include copy of test reports from certified lab)

Sewage treatment: ☐ Public, DEQ # \_\_\_\_\_ ☐ Private, permit # \_\_\_\_\_

### Documents Enclosed:

☐ Photo ID copy (for all artists)

☐ Consent and client record forms (**must be updated to meet new rules, ARM 37.112.1, see page 7**)

☐ Floor plan (layout of work rooms, waiting areas, bathrooms, sinks, doors, stairs, autoclave area, etc.)

☐ Spore test results from certified lab (if autoclave used)

☐ Water test results from certified lab (if not connected to a public water supply system)

☐ Documentation of training (1<sup>st</sup> Aid & Bloodborne Pathogen Prevention for artists & owner, do not send originals)

**NOTE: Most plans are not approved because the consent form does not meet the requirements of the rule.  
Please read page 7 carefully.**

**Other Artists Working Within The Establishment** (make extra copies of this page if necessary)

Artist Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-mail \_\_\_\_\_

Artist Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-mail \_\_\_\_\_

Artist Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-mail \_\_\_\_\_

Artist Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-mail \_\_\_\_\_

Artist Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-mail \_\_\_\_\_

**Business Manager or Other Contact Person**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-mail \_\_\_\_\_

Please make a ✓ (check mark) to all items verified. If an item does not apply to your establishment, then place a "NA" (not applicable) next to the item.

#### GENERAL FACILITY REQUIREMENTS

- ☐ All areas with client access are clean, free of unnecessary items, dust and fumes.
- ☐ All other adjacent rooms are separated by closed doors, free of insects and rodents, and not a source of airborne hazardous chemicals or fumes.
- ☐ Light is adequate throughout facility.
- ☐ Private living or sleeping rooms are separated by solid self-closing doors.

#### WATER SUPPLY

- ☐ Supply has adequate pressure and volume.
- ☐ If public, then there are no outstanding deficiencies with DEQ rules and no contamination.
- ☐ If private, then coliform tests are taken twice a year (April through June and August through October); nitrate tests are taken before opening, then every three years.
- ☐ Water not suitable for drinking is labeled "not for human consumption".
- ☐ No hose is attached to a faucet without a backflow prevention device installed
- ☐ All construction, extension, alteration, repair, or replacement meets state and local laws.
- ☐ Bottled water is from an approved source and protected from contamination.

#### SEWAGE SYSTEM AND SOLID WASTE

- ☐ Sewage system is adequate and safe.
- ☐ If public, then system meets DEQ requirements and is without any evidence of failure.
- ☐ Mop water/dirty water is dumped in mop sink or toilet.
- ☐ Garbage storage is adequate and prevents nuisance.
- ☐ Garbage (other than infectious waste) is sent to a licensed solid waste facility at least weekly.

➤ Name of facility? \_\_\_\_\_

- ☒ Infectious waste disposal is addressed on page 6 and 7.

#### TOILETS AND HANDWASHING FACILITIES

- ☐ Bathroom with handwashing sink is conveniently located for clients and artists, within 200 feet and not more than one flight of stairs.
- ☐ Bathroom is vented, well lit, with self-closing door, supplied with toilet paper and garbage can.
- ☐ Bathroom floors, walls, ceilings are in good repair and clean.
- ☐ No storage of tattooing/piercing supplies in bathroom.
- ☐ Handwashing sink is in the bathroom or within 10 feet of doorway.
- ☐ Handwashing sink has hot and cold mixing water.
- ☐ Soap, paper towels, and garbage can are conveniently located near handwashing sink.

#### WORK ROOM

- ☐ No tattooing or piercing is done outside of designated work room.
- ☐ Work room has barrier from other areas that is closable. Swinging half-doors are an example.
- ☐ Work room is not a corridor for access into other rooms.

- ☐ Animals are not allowed except for trained service dogs.
- ☐ 50-foot candles of light are required at level of procedure. Spot-lighting is ok.
- ☐ Ventilation is adequate. (This means normal humidity levels, no fumes or heavy odors. Mechanical ventilation is not required unless conditions give reason for it.)
- ☐ Filters to heating/air conditioning ducts are checked and replaced as needed.
- ☐ Outer doors and windows are screened or kept closed.
- ☐ Handwashing sink is within work room or within 10 feet from the doorway.
- ☒ Handwashing sink needs to be accessible to artist at all times and not in a public restroom.
- ☐ If hand sink is outside of work room, then doorway has two-way self-closing door.
- ☐ Paper towels are used to turn off faucet when foot or wrist controls not available.
- ☐ Handwashing sink is sanitized daily.
- ☐ Handwashing sink provides hot and cold mixing water.
- ☐ Soap, paper towels, garbage can are conveniently located.
- ☐ Garbage cans are uncovered to prevent hand/glove contamination when in use and covered when not in use.
- ☐ Garbage cans are emptied from work room daily.
- ☐ Sharps containers are available for needles, etc. Sharps containers *do not* have to be removed from the work room daily.
- ☐ Work room is clean.
- ☐ Floor is smooth, non-absorbent, and wet-mopped daily.
- ☐ Tobacco use, eating, and drinking is not allowed in the work room, *except* eating and drinking is permitted for first aid purposes only.

#### TEMPORARY OR MOBILE ESTABLISHMENT

- ☐ If no water heater is available, room temperature water may be used as long as the system meets requirements for potable water systems. Please describe the proposed system in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ Portable toilets must be emptied in an approved system. Please describe how and where you will dispose of sewage and other wastewater: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EQUIPMENT AND SUPPLIES

- ☐ Equipment, tools, and jewelry are clean, in good condition and rust-free. Sharp instruments are sharp. Defective items are not used.
- ☐ Items intended for single-use are not reused.
- ☐ Gloves are used once, nonlatex, and designed for medical use.
- ☐ Durable tray is used for items that will be cleaned and autoclaved.
- ☐ Needles are only used once, then discarded directly in a sharps container. Needles are not bent or broken before disposal.
- ☐ Counter tops, tables, and chairs are washable, in good repair, cleaned and sanitized between clients.
- ☐ There are enough sterile supplies, disinfectant, antiseptic, and gloves for three working days.
- ☐ Chemicals/cleaners are stored to prevent spilling, fumes, or contamination. They are labeled with the common name of material and used according to manufacturer's instructions.
- ☐ Any article that comes into contact with the client is stored in closed, clean containers or cabinets.
- ☐ Tables, trays and equipment are not shared between artists serving different clients at the same time.

## BLOOD-BORNE PATHOGEN EXPOSURE CONTROL

- Number of employees? \_\_\_\_\_ (Do not include business partners, independent workers or volunteers.)
  - ☐ If you have at least one employee, then OSHA standards 29 CFR 1910.1030 must be met. A copy of this document is available upon request by the health authority.

## STERILIZATION OF EQUIPMENT AND JEWELRY

- Nondisposable instruments that come into contact with blood or body fluids
  - ☐ are individually wrapped and autoclaved and/or
  - ☐ come from the supplier individually wrapped and sterile.
- Jewelry
  - ☐ is individually wrapped and autoclaved,
  - ☐ comes from the supplier individually wrapped and sterile, and/or
  - ☐ is completely immersed in 70% alcohol for 10 minutes.
- ☐ Autoclave manufacturer \_\_\_\_\_ Model number \_\_\_\_\_
- ☐ When an autoclave is used, packaging designed for autoclaving and a temperature indicator is used every time.
- ☐ Autoclave completes the cycle every time it is run (15 PSI, 250°F/121°C, 20 minutes).
- ☐ If the autoclave is not designed to reach 15 PSI, 250°F/121°C for 20 minutes, please include a copy of the manufacturer's instructions.
- ☐ Autoclaved packages are dated and initialed by an artist.
- ☐ Autoclaved items not used within 6 months of the sterilization date, or in a package worn away or torn, are re-wrapped and autoclaved.
- ☐ A spore test is completed by a certified lab before opening to the public, at least every month thereafter, and whenever the autoclave is moved.
- ☐ Sterile packages are only opened in front of the client.

## CLEANING AND ULTRASONIC USE



- ☐ Reused instruments are cleaned with appropriate soap/detergent and rinsed completely.
  - Type of soap/detergent \_\_\_\_\_
- ☐ Sink for cleaning instruments has hot and cold water, and is deep enough to submerge instruments.
  - If hot water is not available, what are your provisions for cleaning? \_\_\_\_\_
- ☐ Ultrasonic units are used according to manufacturer's instructions, always covered when used, and not used instead of autoclave sterilization.
- ☐ Cleaning, ultrasonic unit use, dusting and vacuuming are not done at the same time clients are being tattooed or pierced.

## SKIN PREPARATION, ASEPTIC TECHNIQUE, AND AFTERCARE

- ☐ Sterile instruments and aseptic technique are used at all times during the procedure.
- ☐ Hands are washed before and after every procedure, with warm running water and soap for at least 20 seconds, scrubbing under fingernails, rinsing with clean water, and drying with a clean paper towel.
- ☐ Outer clothing is clean. Hair restraints are used to keep hair from contacting the client if needed. Personal accessories are kept from touching the client.
- ☐ Razors for shaving are used once. Straight razors and replaceable blade units are not used.
- ☐ After shaving the client, the artist washes hands, washes the client's skin, and changes gloves (if used).
- ☐ Before the procedure, the skin is thoroughly dampened with an antiseptic using clean cotton, gauze or tissue.
- ☐ Marking devices are used only once.
- ☐ New gloves are put on before each procedure.
- ☐ If gloved hands are contaminated during the procedure, hands are rewashed and new gloves are put on before continuing with the procedure.
  - Examples of contamination are touching eyes, nose or mouth, answering the phone, opening a door, touching a book or paper, or retrieving an item from the floor.
- ☐ If the artist sustains a needle stick, the artist washes the punctured area and hands, then regloves, and uses a new needle before continuing the procedure.

## HANDLING AND DISPOSAL OF INFECTIOUS MATERIAL

- ☐ Adequate supplies of sharps containers are available. They are closed securely for disposal.
- ☐ Adequate protection is used to clean up broken glassware, such as using a brush and dustpan. Hands are washed and regloved after cleaning up spills.
- ☐ All infectious waste (sharps, free-flowing blood or body fluids, items soaked in blood or body fluids) is autoclaved/incinerated by the following entity \_\_\_\_\_

- ☐ Laundry that may have been contaminated with blood or body fluid is stored separately in a closed leak proof container or bag.
- ☐ Waste (other than sharps) contaminated with blood or other bodily fluid is placed in a garbage container labeled "biohazard" or , lined with a strong leak proof plastic bag, tied to prevent leakage for handling, and placed in rigid leak proof containers for storage and transportation.
-  This waste is considered contaminated but not "infectious". Examples are gloves, tissues, or ink cups. Once closed securely and removed from the work room, it can be placed with other regular garbage for disposal.

#### RECORD KEEPING AND REVIEW

- Client records, consent forms, autoclave spore test results and any other records required by the health authority are
  - ☐ kept on the premises for at least 3 years
  - ☐ made available for review by the health authority
  - ☐ typed or printed in ink.

#### **PLEASE READ- DO NOT CHECK UNLESS YOU HAVE UPDATED YOUR FORMS TO INCLUDE THE FOLLOWING:**

##### CLIENT RECORD

- Client records include at least the following:
  - ☐ copy of the signed consent form
  - ☐ name of artist performing procedure
  - ☐ establishment location address and phone number
  - ☐ any special instructions or information about the client's medical or skin condition which is relevant to the procedure
  - ☐ written physician referral if the client is taking any drug or dietary supplement that may induce bleeding tendencies or reduce clotting, has a medical condition that is known to cause bleeding tendencies or reduce clotting, shows signs of recent intravenous drug use, has a sunburn, skin disease (e.g. psoriasis or eczema), skin infection, or a lesion such as a mole at the procedure site.



##### CONSENT FORM

- ☐ Client signs a consent form before each procedure (even if a returning customer).
- ☐ Parent or legal guardian signs in person for any client under the age of 18.
- Consent form includes at least the following:
  - ☐ client's name, address, date of procedure, design of tattoo (if applicable), location on client's body, and any other appropriate information.
  - ☐ a description of potential complications and side-effects including abscesses, allergies, excessive bleeding (from body piercing), heavy metal poisoning, infection, keloid formation, muscle paralysis, nerve paralysis, scarring, swelling, and tooth fracture (from oral piercing).
  - ☐ the symptoms of infection such as fever, swelling, redness or drainage and instructions to consult a physician if symptoms of infection or other complications occur.
  - ☐ the procedure is permanent.
  - ☐ client consents to the tattooing or piercing procedure.
  - ☐ Form states the client received aftercare instructions verbally and in writing before the procedure.

## TRAINING

- ☐ Training includes general sanitation, first aid and universal precautions for preventing the transmission of blood-born pathogens.
- ☐ Operator completed training within the last 12 months.
- ☐ Operator has not completed training yet, but will before license is approved.
- ☐ All other artists will complete training within 60 days of hire, contract, apprenticeship, or partnership with the operator.
- ☐ All artists will renew training annually.

## LICENSE REQUIREMENT AND DISPLAY

-  Notice: Once you receive your license, it must be displayed in view of your clients. The license is not transferable. This means if you sell your business to another person, he/she must apply for a new license. If you move to a new location, you must apply for a new license. If you remodel your building, add work areas, or change plumbing, you must contact the health authority for a review and approval of your changes.
-  Notice: Obtaining a license from the health authority does not relieve the applicant from satisfying applicable requirements from other federal, state, or local agencies (such as building code permits and inspections, fire and life safety inspections, and other business licenses).

## JUST FOR TATTOOING

- Ink brands(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Supplier(s) \_\_\_\_\_  
\_\_\_\_\_

- ☐ Inks are designed for tattooing, labeled with manufacturer and lot number.
- ☐ Inks are kept in the original container.
- ☐ Inks are mixed according to manufacturer's instructions and placed in clean sterile containers.
- ☐ Artists who are aware of any reaction, allergy, or sensitivity report the condition and ink information to the health authority.
- ☐ Inks disapproved or under recall by the FDA are not used.
- ☐ Individual portions of ink are used for one client, and then properly discarded.
- ☐ Ink cups are not re-used.
- ☐ When adding ink to a portion cup (or any container), a paper towel or tissue is used to prevent gloves from being contaminated, or new gloves are put on.
- ☐ If using stencils, they are cleaned and sanitized between clients.
- ☐ Carbon paper is used only once.
- ☐ Any product used to transfer a pattern is single-use or portioned out from a container in such a way that it does not become contaminated. Describe product and method of dispensing:  
\_\_\_\_\_  
\_\_\_\_\_



JUST FOR PIERCING

◆ Notice: For a list of restricted practices not included under the provisions of this license, please refer to the Administrative Rules of Montana 37.112.165.

☐ If piercing clients under the age of 3, a choking hazard warning is given to the parent or legal guardian. (An example is available from the health authority).

☐ The establishment is **ear lobe piercing only** and the following conditions exist (only complete if an exemption is necessary):

☐ Piercing area does not have a physical barrier. The following is a description of how the work area is separated enough from other areas so that no physical contact can be reasonably expected to occur between the general public and the client or artist:

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☐ Piercing area lighting is not 50 footcandles, but is a minimum of 30 footcandles at the level where the ear piercing is being performed. (This can be determined at the time of inspection. Most normal room lighting meets the 50 footcandles requirement.)

☐ Hand washing sink is not available within the work room or within 10 feet of work room. The following is a description of accessibility to a handwashing sink, hand sanitizer type and glove use protocol:

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- ◆ Approval of these plans and specifications by the health authority does not indicate compliance with any other code, law or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment. A pre-opening inspection with equipment will be necessary to determine compliance with the rules governing tattooing and/or piercing establishments.
- ◆ I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior permission from the health authority may nullify any approval from the health authority.
- ◆ I fully understand that approval of these plans and approval of the license does not endorse any activities beyond the scope of the rules pertaining to tattooing and body piercing, such as activities that may constitute medical procedures or medical practice.

➤ Signature \_\_\_\_\_ Date \_\_\_\_\_